Advisory Committee on Voluntary Foreign Aid
Public Meeting

— September 14, 2000 —

SUMMARY REPORT

Combating the HIV/AIDS Pandemic in Developing Countries

William S. Reese, ACVFA Chair, welcomed the audience to this important gathering on HIV/AIDS. While there is tremendous work to be done in treatment and care, he said, HIV/AIDS also poses a development challenge. The AIDS pandemic threatens to undo decades of development and retard all future development. AIDS is dealing crushing blows to agriculture, education, and other sectors. The Advisory Committee's task is to figure out what to do, not as a think tank, but as a PVO/NGO third-sector committee. He urged the attendees to make recommendations to USAID, the U.S. government, the multilateral institutions, the business sector, and universities.

Opening Remarks: Ambassador J. Brady Anderson
USAID Administrator

Ambassador Anderson emphasized that the spread of HIV/AIDS in the developing world, especially in sub-Saharan Africa, is one of the most important issues facing Americans and the world. The numbers of AIDS cases conveys the magnitude of the pandemic. Of 34 million people with HIV worldwide, nearly 23 million live in Africa. The pandemic has swept beyond Africa, however, with India now home to the most AIDS cases in Asia, and the former Soviet Union suffering a rate of increase that surpassed that of Africa last year.

A significant portion of the USAID commitment of $1.4 billion to fight the pandemic is focused on Africa. USAID has become a global leader in the battle, Ambassador Anderson said, mainly due to its strong field presence, technological leadership, leverage of financial support, and the long-term presence of USAID staff in the host countries.

Ambassador Anderson reviewed the U.S. commitment to the battle. In 1999 Vice President Gore announced the Leadership and Investment in Fighting an Epidemic (LIFE) initiative that provided $100 million in fiscal year 2000 to fight AIDS around the world. In January the Administration declared AIDS to be a threat to world security. This year, the President is asking Congress for additional funds, which would bring the total to $342 million, more than double the level in the last fiscal year.

Every donor, multilateral lender, the corporate community, the religious community, foundations, non-profits, as well as the governments of the developing countries themselves must get involved, said Ambassador Anderson. Examples of success include Uganda, where political commitment at the highest levels, combined with USAID's efforts and those of other international agencies and NGOs, have reduced the rate of HIV infection. In Senegal, similar efforts have kept the

prevalence of AIDS low, and in Zambia recent reports suggest a decline in the number of teenagers affected.

The most important challenge is to ensure that the commitment to fighting AIDS is not allowed to wane. USAID will be on the front lines of this war in the coming years, working with local and international NGOS to reach vulnerable and hard-to-reach groups. USAID will help businesses and the armed forces in developing countries incorporate HIV/AIDS programs into their health and benefits packages, and will work with the pharmaceutical industry to continue to make drugs affordable and to support community education. "If we all pull together and work hard, if we learn from our successes as well as our failures and commit the resources, both money and man and woman power, I know we will succeed," he concluded.

DISCUSSION

A participant asked whether more of the funding could stay within the host countries, rather than returning to the United States. Ambassador Anderson noted that a high-level USAID working group chaired by the Deputy Administrator is being set up to oversee uses of the HIV/AIDS funding.

Responding to a question on how to integrate community resources so that economic and agricultural programs respond to the AIDS crisis, Ambassador Anderson said that Congress will be concerned that the money doesn't get diverted from direct spending on AIDS as a health issue. People working in HIV/AIDS need to try to educate members of Congress to look at HIV/AIDS as a societal problem," he said.

HIV/AIDS is dealing crushing blows to agriculture, education, and other sectors.

Remarks: The Honorable Edith G. Ssempala Ambassador of Uganda

Ambassador Ssempala noted that although the majority of the 40 million people infected with HIV/AIDS are in developing countries, and mostly in Africa, AIDS is a global problem. The statistics do not reflect the human suffering. One of the most alarming statistics is that by the year 2010, there will be 40 million AIDS orphans. Ambassador Ssempala stressed that the private sector must make drugs more accessible and affordable, which can extend lives 10 to 20 years.

Countries such as Senegal and Uganda have shown that there is hope. Under strong leadership, Uganda made a collective decision to respond to the crisis. The government, religious leaders, NGOs, and the media made a massive effort to sensitize Ugandans. The President talked openly about the dangers of the epidemic inside and outside of Uganda, and famous people living with AIDS boosted the effort by speaking out. A willingness to discuss the means of preventing transmission was part of the effort.

Through this intensive public and private effort with voluntary testing and community-based support, Uganda's HIV infection rate was reduced from 14 percent in the early 1980s to below 8 percent in the late 1990s. But AIDS continues to cause many deaths among our most productive members of society, Ambassador Ssempala said, and we cannot afford to rest until we have total victory.

DISCUSSION

In response to a question about what other African leaders and the Organization of African Unity (OAU) are doing regarding HIV/AIDS, Ambassador Ssempala said that at first, AIDS was an embarrassing topic, a moral issue, but now it is recognized as an issue that has to be faced openly. Slowly but surely, other African leaders are coming around.

Replying to the question of whether the reduction in HIV infection rate applies in all areas of Uganda, Ambassador Ssempala said that the percentages are averages across the country.

KEYNOTE ADDRESS

"Follow-up to the Durban Conference: Next Steps to Combat the Pandemic" Sandra L. Thurman, Director White House Office of National AIDS Policy

Ms. Thurman reported that the pandemic killed ten times more people in Africa last year than all wars on that continent combined. It's almost impossible to describe its grip on families and communities in Africa, Asia, and other regions, she said. Its progress has outpaced all predictions. In 1999, 6 million people became infected.

Ms. Thurman reviewed how AIDS has wiped out decades of hard, steady progress in development. Infant mortality is doubling; child mortality is tripling. Life expectancy has been reduced by 20 years or more in many countries. And it devastates not just individuals, families and communities, but the economic and political stability of entire nations. With no vaccine or cure in sight, we're just at the beginning of the pandemic. What we see in Africa is just the tip of the iceberg, as the pandemic begins to sweep across the globe. There is an urgent need to work together, to learn from successes and failures, and to share experiences with countries that stand on the brink of disaster.

She emphasized, however, that the discussion should not be only about tragedy but about the triumph of the human spirit. It's not about hopelessness and desperation but about the opportunity to empower women and communities. The pages of history are filled with examples of times when communities and governments have dared to come together to turn the tide against insurmountable odds. She challenged the audience to reach for one of those moments now.

USAID has become a global leader in the battle.

Ms. Thurman reviewed the U.S. effort in the struggle against HIV/AIDS. Last year, the President requested, and Congress appropriated, a $100 million increase in global AIDS spending. This allowed us to double our efforts in Africa alone. This year the President asked for another $100 million increase, and prospects look good that Congress will grant that and maybe more. Ultimately, an investment of nearly $3 billion for prevention and care in Africa alone will be required from the entire global community, both public and private.

One of our biggest challenges, she said, is to build lasting partnerships. That requires people working in development, in the fight against AIDS, and in gender and poverty programs to come together and share our collective experience. It will take not just government action, but action of all sectors and societies if we're going to have an impact. The challenge is daunting, but hundreds of millions of lives hang in the balance. As Desmond Tutu said, let us wage this holy war together and for the sake of our children we will win.

DISCUSSION

In response to a question regarding plans to ensure monitoring and coordination of the AIDS money, Ms. Thurman said that for the most part, existing programs will be expanded and replicated instead of starting new ones. We hope to help NGOs shore up their abilities. Good systems are in place for monitoring the funds provided to USAID and the Centers for Disease Control and Prevention (CDC).

Answering a concern about whether full funding for the Global AIDS and TB Act is a priority in her negotiations with Congress, Thurman said that it is a priority, and that the prospects look good for funding. Additional global AIDS funding should not come at the expense of other vital priorities, such as debt relief and basic education, she cautioned.

PANEL

"U.S. Government, Multilateral, and National Strategies and Successes"

Moderator:

Nils Daulaire, President and CEO, Global Health Network

The first panelist, Vivian Lowery Derryck, Assistant Administrator, Bureau for Africa, USAID, opened her presentation with four points. First, AIDS is global, although Africa is hardest hit. Second, this is not just a health problem but a development problem that affects all areas. Third, it's a long-term problem. If we scale up the effort this year, it is incumbent on us to sustain that effort year after year. Fourth, programs must concentrate on reducing the stigma of being infected.

We need to rapidly scale up voluntary counseling and testing, with both indigenous and U.S. NGOs, using the new quicker and cheaper testing method, she said. The problem of orphans is burgeoning with 44 million AIDS orphans worldwide and 38 million of those in Africa by 2010. We also know the debate will center on antiviral drugs, but they are not a panacea. She concluded with optimism based on the very strong support of senior leadership in Uganda and Senegal and new leadership elsewhere, as well as U.S. leadership and increased funding.

The second panelist, Peace Corps Director Mark Schneider (who served as a Peace Corps volunteer in El Salvador) reported that in June he announced a new initiative that will expand significantly the role that Peace Corps volunteers play in preventing the spread of HIV/AIDS in Africa. Given that many volunteers live and work in remote communities, he said, they are well positioned to provide much needed information to people about how to prevent the spread of this disease.

The Peace Corps will provide all 2,400 volunteers currently serving in Africa, as well as those who will serve there in the future, with training in HIV/AIDS prevention and education. The volunteers can then share this information and related materials with their African communities through training projects and local workshops.

Director Schneider also said that former Peace Corps volunteers who served in Africa have been urged to participate in the HIV/AIDS prevention initiative by serving for up to six months in the agency's Crisis Corps program. He expects to send up to 200 Crisis Corps volunteers to Africa to work with UNAIDS, government agencies, and NGOs on prevention projects over the next two years.

The most important challenge is to ensure that the commitment to fighting AIDS is not allowed to wane.

Director Schneider said that while HIV/AIDS is the most serious health and humanitarian crisis that the world faces, he expressed a sense of hope and optimism, noting that the AIDS conference in South Africa demonstrated that many leaders in Africa and elsewhere truly recognize the magnitude of the pandemic and the threat it poses to social stability, political institutions, economic progress, and the health of millions.

The third panelist, Dr. Helene Gayle, Director, National Center for HIV, STD, and TB Infection, Centers for Disease Control and Prevention, said CDC has a long tradition of involvement in international health issues and HIV/AIDS research. Examples included the trials to develop a shorter course AZT regimen to reduce mother to child transmission of HIV, and evaluating the use of Bactrim as a simple, inexpensive way to reduce HIV-associated morbidity and mortality. Besides research activities, CDC has provided technical assistance on improving the blood supply, strengthening laboratory capacity, and increasing availability of voluntary counseling and testing.

CDC is now working with USAID on the new LIFE initiative that has provided new resources for HIV prevention and care for Africa and India. In the subsequent years, other U.S. Government departments, such as Defense and Labor, will be involved in this initiative.

CDC's other contribution, Gayle said, is its mission as the agency responsible for HIV prevention domestically. Much of the work CDC has done domestically, such as its successful partnerships with business, labor, and the faith community, is also being translated to the work internationally.

The final panelist, Bertil Lindblad, Senior Liaison Officer, UNAIDS/New York, began by highlighting the fact that HIV/AIDS was firmly on the agenda of the recent Millennium Summit in New York. A large numbers of Heads of States declared strong political commitment to fight the epidemic. Mr. Lindblad also noted that a United Nations General Assembly Special Session on HIV/AIDS will be convened, probably during the first half of 2001. Such a Special Session will provide a platform for strengthened political commitment, accelerated responses and expanded international support and collaboration. HIV/AIDS will also be the main theme for the Africa Development Forum of the Economic Commission for Africa, scheduled for December 2000.

Turning to Africa, Mr. Lindblad gave a brief overview of the International Partnership Against AIDS in Africa (IPAA). The IPAA is a massive effort to expand national AIDS activities in Africa initiated by the UNAIDS in early 1999. In December 1999, United Nations Secretary-General Kofi Annan brought together representatives of the five constituencies of the Partnership: African Governments, United Nations Agencies, donor countries, NGOs, and the private sector to plan this response.

The Partnership is working to fight the epidemic through strengthened national programmes backed by four lines of action: encouraging visible and sustained political action, helping to develop nationally-negotiated joint plans of action, increasing financial resources and strengthening national and regional technical capacity. In the first phase, six countries are targeted for intensified support: Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique and Tanzania.

DISCUSSION

Responding to a question about the role of nutrition in extending the lives of persons with asymptomatic HIV, Panelist Derryck said that nutrition has an important role in strengthening the immune system. Similarly, providing clean water for everyone with HIV would have a tremendous impact on reducing opportunistic infections, she added.

Additonal global AIDS funding should not come at the expense of other vital priorities, such as debt relief and basic education.

ACVFA Member Dr. Herschelle Challenor pointed out that a comparison between the $1.5 billion level of funding for drug intervention in Colombia and the level of AIDS funding raises the question of political will in the battle against HIV/AIDS. Panelist Derryck replied that the disparity in the distribution of resources between Africa and other regions is well known. "We anticipate that Africa will get a significant percentage of the new money," she said.

Panelist Gayle pointed out that our leaders do respond to voices in the public. People should be going to the streets about the pandemic as they do about drugs. Those inside the system can exhort, but Congress needs to hear that kind of activism from the public.

When a participant pointed out that very few persons living with HIV identify as such in public, Panelist Derryck recalled a public gathering at which Nigerian President Obasanjo hugged a man who has AIDS and invited the man's wife onto the stage. "This type of gesture speaks enormously of commitment," she said.

PANEL

"PVO/NGO Strategies and Successes"

Moderator:
Louis Mitchell, ACVFA Member

The first panelist, Dr. Peter Lamptey, Senior Vice President, Family Health International (FHI), said that for over 13 years, FHI has partnered for HIV prevention and care with local governments, trade unions, churches, youth groups, and individuals with HIV. In most parts of the world, community-based organizations are the first to respond, and they remain at the forefront of HIV prevention and care. An HIV-prevention program in Tanzania involving more than 200 NGOs is an outstanding demonstration of such partnerships. These NGOs have shared scarce resources and eliminated duplication of effort and competition for funds, he said. Another example is a program called We Have Seen the Light in Free State Province, South Africa, launched in partnership with a mining company and local and state health departments. This program is comprised of prevention and care interventions including voluntary counseling and testing and treatment for STD.

The second panelist, Rodgers Mwewa, Executive Director, Fountain of Hope (FOH) in Zambia, said his organization started to work with orphans and street children, of whom there are an increasingly large number in Zambia, in 1996. "We learned we have to listen to the children," he said. When they said they wanted education, we approached the Government of Zambia, and started classes for children aged 15-18. FOH also worked to return young girls to their family compounds. In addition, FOH has trained and counseled 80 to 90 mothers who started their own businesses and thus were able to feed their children again. Today in Zambia, the sick and orphaned are outcasts, and we want to bring them back into the community, Mwewa said.

The third panelist, Jeffrey O'Malley, Director, International HIV/AIDS Alliance, United Kingdom, noted that in Uganda community organizations had been responding to the HIV/AIDS crisis before President Museveni spoke out. They created a political space for him to speak up and provide leadership. He said that we don't know why there are spontaneous community responses in some places and not in others. Our greatest challenge is to bring together the social responses and the demand and supply process, according to O'Malley. Individual NGOs are good at one or more parts of the process. They may know about supporting political leadership but not about transforming gender relations. The other major challenge is implementation. Any NGO manager knows that the biggest challenge is not to develop program models but to make programs happen. Finally, there's a tension between time spent on coordination and on implementation, he said. All the time spent on coordination is subtracted from time spent working with people who have needs.

"...it is possible to do a lot that is gender sensitive within AIDS programs."

Panelist number four, Dr. Geeta Rao Gupta, President, International Center for Research on Women, noted that the AIDS epidemic is a human tragedy that is threatening development globally. In recent years there has been a striking and increasing recognition of the role that gender and sexuality plays in fueling the epidemic. The imbalance of power between women and men in the social and economic spheres of life increases both women's and men's vulnerability to HIV and affects women's access to care and support. The most disturbing result of the power imbalance, however, is violence against women and children, which, for its victims, acts as a barrier to prevention and is a strong predictor of risky behavior and of HIV infection among women.

Overcoming these barriers, Dr. Gupta concluded, will require PVO/NGO efforts coupled with a strong government response. The most important action is to empower women on six levels: with information and education about sex; with technical and marketable skills; with access to gender-sensitive services; with social supports; with access to economic resources; and with training in decision-making and political participation. In so doing, households, communities and entire nations will be empowered.

Panelist five, Dr. Bode-Law Faleyimu, Program Director, Center for Adolescent Research, Education, and Sexuality (CARES) in Nigeria spoke about the HIV/AIDS crisis there. CARES is a community-based organization focused on adolescent reproductive health, HIV/AIDS, workplace-based AIDS prevention, and women's issues. CARES has been working with community youths and field-based oil workers in the Niger Delta for the past seven years. This program targets the employee, the family, and the community. Other HIV/AIDS programs deal with drug users, community sex workers, and truck drivers. But field-based workers are an important target group, he said. They have stable incomes and so much mobility. They spend long periods away from their partners and families. CARES has had very good results with this program.

The final panelist, Phyllis Craun-Selka, AIDS Corps Coordinator, Pact, said that since the beginning of the year, Pact has been developing a multisectoral approach called AIDS Corps. Its purpose is to keep world attention focused on community-led solutions. Ethiopia Pact and our alliance work with 85 multisectoral organizations to increase their capacity to respond to the crisis, she said. In Zimbabwe AIDS Corps serves as a catalyst to increase response in remote areas by linking traditional health workers and other stakeholders. In Zambia, Pact is working with national authorities to link NGOs and communities. These few examples of how Pact works through AIDS Corps have led us to enable each other, in the words of Dr. Martin Luther King, Jr., to hew out a stone of hope from the mountain of despair.

DISCUSSION

A USAID staff member said that the agency is challenged by the need to program multisectorally. "I didn't hear enough examples of concrete steps, especially if we're working in agriculture or education," she said. Panelist O'Malley cited several examples, including a project in Zimbabwe that helped Shona communities revitalize the 'chief's plot,' a traditional safety net concept in which communities set aside certain plots of land to be the social support for the neediest, including orphans.

In response to the question of how to define health and AIDS work in a broader way so that the limited funding can address gender equity issues, Panelist Lamptey said we cannot afford to spread ourselves too thin. "Let's do the few things we can do well and expand these interventions to cover more people. We need to create linkages with other programs to address the contextual issues," he said.

Panelist Mwewa pointed out that programs should not focus solely on AIDS patients. Panelist Gupta added that it is possible to do a lot that is gender sensitive within AIDS programs. For example, even if you can't build a school, you can be the strongest advocate in the community for educating girls, she said. You can educate girls in how to use condoms and how to negotiate for protection.

Responding to a question about what will happen to the epidemic if countries in war zones, such as Burundi, do not receive funding, since HIV/AIDS does not respect national boundaries, Panelist Lamptey said it's extremely difficult to do AIDS prevention in war zones. The rates of infection are high in some military and police forces. There are several programs in place, but with USAID funds we are restricted from working directly with the military, he said.

Noting that the role of churches and mosques was important in opening discussion on HIV/AIDS in Uganda, an audience member asked about the role of faith-based groups. Panelist O'Malley commended this openness, but noted that there are some destructive elements of institutionalized religion, such as the Catholic Church of Uganda's opposition to condom use. He added that what has impressed him most is the centrality of faith-based groups in giving hope.

The key is to build public-private partnerships born of good will that bring together people with different expertise.

PANEL

"Pharmaceutical Company Strategies and Successes"

Moderator:

Linda Pfeiffer, President,
International Medical Services for Health (INMED)

Ms. Pfeiffer noted that the afternoon panel gives voice to the third essential aspect of this discussion, the private sector. By forming alliances with pharmaceutical firms, we will have a more workable, holistic approach, she said.

The first panelist, Mark Ahn, Senior Director, Operations Planning, Bristol-Myers Squibb Company (BMS), recalled that Secretary General Kofi Annan challenged pharmaceutical companies in the fall of 1998 to be part of the solution to the HIV/AIDS crisis. Motivated by the pressing unmet medical need for HIV/AIDS treatment in sub-Saharan Africa and the lack of access to care and support, BMS made a $100 million commitment over five years to a program called Secure the Future. The program targets the most vulnerable group, women and children infected with and affected by HIV/AIDS in Botswana, Lesotho, Namibia, South Africa, and Swaziland. Secure the Future gives grants for health care research, community outreach and education programs, plus education and training for health care professionals. To date, the program has made 34 grants totaling $31.5 million. Secure the Future has a broad-based external advisory board of international and local experts that decides which programs will be funded using National Institute of Health guidelines. The key to success, said Ahn, is to build public-private partnerships born of good will that bring together people with different expertise.

The second panelist, Jeffrey L. Sturchio, Executive Director, Public Affairs, Europe, Middle East & Africa, Merck & Co., Inc., said that Merck works in three core areas with PVOs, governments, and people living with HIV/AIDS. First, Merck continues to focus on research and development of new, more potent and durable treatments; new mechanisms for attacking HIV; and an HIV vaccine (one candidate is already in early-stage human clinical trials). Second, Merck has several program areas focused on infrastructure development and resource mobilization. Projects in this area include the Enhancing Care Initiative, coordinated by the Harvard AIDS Institute, which has country teams active in Brazil, Senegal, Thailand, and KwaZulu Natal in South Africa studying ways to design concrete, customized improvements in the delivery and outcomes of HIV care. Another project is the Accelerating Access Initiative, a collaborative endeavor among UNAIDS, WHO, UNICEF, UNFPA, the World Bank, and Merck, Boehringer-Ingelheim, Bristol-Myers Squibb, Glaxo Wellcome , and Roche to make HIV

care and treatment more accessible in developing countries. (This initiative is focusing on Africa in the first instance.) Finally, Merck has teamed up with the Republic of Botswana and the Bill & Melinda Gates Foundation to demonstrate the benefits of a comprehensive approach to HIV/AIDS through the Botswana Comprehensive HIV/AIDS Partnership, launched in July.

Panelist three, Rick Moser, Director, Public Affairs, Abbott Laboratories, said that for the past year, Abbott has been developing a recently launched program called Step Forward for the World's Children, which will operate in every region of the world, but not in every country. The focus is on AIDS orphans and vulnerable children. The program is holistic—not just health care, but also economic needs. The program includes health care, counseling, and testing, but also educates people on both AIDS and the three R's and finances basic community needs. Its three types of resources are grant funding, donated health care products, and the efforts of volunteers, including doctors, laboratory workers, and engineers, among others. The four inaugural countries are Burkina Faso, India, Romania, and Tanzania.

Many leaders in Africa and elsewhere truly recognize the magnitude of the pandemic and the threat it poses to social stability, political institutions, economic progress, and the health of millions.

Panelist four, Nina Grier, Manager of Grassroots Efforts, Glaxo-Wellcome, said that Glaxo has partnered with other pharmaceuticals in education and access to care efforts. Glaxo has invested $150,000,000 a year in research and development and carried out 68 clinical trials in 14 countries. Additionally, Glaxo has conducted programs to make medicines more affordable in 15 countries and has had preferential pricing in place for almost 10 years, beginning in Botswana, Malawi, Senegal, and Zambia, and later extended to other countries. Glaxo is donating 10,000 treatments for reducing mother-to-child transmission in those four countries, and is interested in providing 30,000 more treatments for reducing mother-to-fetus transmission. Working with community groups at the grassroots is the key. Ms. Grier said that Glaxo's primary goal is to develop new treatments and to reach 150 million people.

DISCUSSION

A participant asked Bristol-Myers and Merck representatives whether their programs could cover funding for positive management of the process of dying and support for the survivors so they are not so devastated by the loss. Panelist Ahn acknowledged that hospice care is a major unmet need. He said BMS has launched a collaborative effort with a hospice. Panelist Sturchio noted that the care framework used by the Enhancing Care Initiative country teams includes supportive care and care of the dying as one element of its analysis (see www.eci.harvard.edu for additional information).

A representative from the Global Network of People Living with HIV and AIDS expressed thanks for the inclusion of HIV/AIDS sufferers in the dialogue and said it is unfortunate that this is not done more. He urged that some of the newfound resources be allocated to ensuring that people with HIV are included in designing international cooperative strategies, and that they are trained in advocacy. International agencies can't overstay their welcome in a given country but citizens with HIV can be trained to speak out to ensure that resources continue to be directed to care and support of HIV sufferers. Addressing the question of infrastructure, he suggested that existing clinics could be retrofitted for HIV/AIDS treatment and prevention. Panelist Ahn agreed, noting that it is also important to connect infrastructure to patient behavior. NGOs can play a role in creating conditions in the community whereby drugs and infrastructure can be accessed.

An audience member pointed out that few doctors or care providers in developing countries have the time or training to adequately explain drug regimens to their patients. Responding to this question about how the pharmaceuticals address the resulting noncompliance, Panelist Sturchio said that Merck has provided training in state-of-the art HIV care and patient management to key physicians in several sub-Saharan African countries, who then train others. He added that the organizations represented in the audience also have an opportunity to help address this problem. NGOs can play a role in training non-health professionals.

ACVFA Member Louis Mitchell suggested that the NGOs have the capability to play a greater role than they are being given at present. Panelist Ahn agreed but said that companies also must work with governments. BMS asked government representatives to sit on its advisory board and approve its protocols. Creating a trust-based partnership and sharing control with governments, NGOs, and other important members of the community was a key factor in BMS' successful model and pilot programs.

Panelist Sturchio added that NGOs can help deliver health care services and do much more than provide support in communities. He mentioned Merck's efforts to strengthen the capacity of NGOs and invited NGOs with programs on the ground to contact the company. Returning to the questions of infrastructure and access, he said that one of the most important questions to ask is why some countries have made important inroads in addressing the HIV/AIDS epidemic, while in others there is little or no access at all? We have to go back to what Sandy Thurman said: Without the political commitment, without the will to do something, we won't make much progress. In discussions about lack of access to HIV drugs, some say the cause is industry's refusal to give away products. But even if drugs were free, access would still be a major issue. Asking for access to medications alone is asking the wrong question. Let's address the bigger question, which is political commitment and the need for a national strategy. Industry could go to a country and say here, this is what we think you should be doing—but that's unlikely to lead to sustainable solutions. What we've found instead is that partnerships are a more powerful way forward: the discussion has to be based on the countries' needs, and the informed sense of key actors who know the situation and appropriate actions well. Every speaker today has pointed to the complexity of moving from rhetoric to action.

"Without the political commitment, without the will to do something, we won't make much progress."

WRAP-UP SESSION

Ten major recommendations/lessons emerged from the meeting:

- The challenges posed by the global HIV/AIDS pandemic extend well beyond medical/health issues and affect all development sectors. The response must be comprehensive and cross-sectoral.
- The HIV/AIDS pandemic has spread to all regions of the world, outpacing all predictions, and the entire global community must be mobilized to combat it.
- HIV/AIDS programs must recognize that gender and sexuality play a role in fueling the epidemic. Programs should address gender-related issues, such as the imbalance of power between men and women at all levels—social, economic, educational, and political.
- Congress should appropriate additional funds specifically to meet the burgeoning HIV/AIDS crisis. Additional funding should not come at the expense of other vital foreign assistance priorities, however.
- Funding legislation should allow for flexible uses of HIV/AIDS resources so that the multisectoral aspects of the crisis may be addressed.
- Public-private partnerships, including efforts that involve civil society organizations, should be encouraged as a way of building capacity and ensuring sustainability.
- PVOs and NGOs, including faith-based organizations, have a central role to play, particularly in prevention, care, and in providing hope at the community level.

- Domestic HIV/AIDS organizations have lessons to offer international practitioners. These lessons should be transferred internationally through means such as "twinning" programs that pair domestic organizations with local agencies overseas.

- People with HIV/AIDS should be included in the design of programs, encouraged to speak out, and trained in advocacy.

- Coalitions and alliances with other groups, such as environmental and human rights organizations, should be formed to help the AIDS movement gain clout.

Mark Your Calendars!

Next ACVFA Meeting:

January 10, 2001

This summary report of the ACVFA Quarterly meeting has been prepared and distributed by the USAID Office of Private and Voluntary Cooperation (PVC). The full report and annexes are available upon request from Ms. Noreen O'Meara, ACVFA Director, USAID/BHR/PVC, Room 7.6.84, Ronald Reagan Building, 1300 Pennsylvania Ave. NW, Washington, DC 20523.
202-712-5979
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Advisory Committee on Voluntary Foreign Aid (ACVFA)
Room 7-06-084 RRB
USAID/BHR/PVC
Washington, D.C. 20523-7600

Advisory Committee on Voluntary Foreign Aid (ACVFA)

September 14, 2000

MEETING REPORT

For more information, please contact:
Advisory Committee on Voluntary Foreign Aid
Office of Private and Voluntary Cooperation, USAID
Tel: (202) 712-5979 Fax: (202) 216-3041
e-mail: nomeara@usaid.gov